



UNITED STATES DISTRICT COURT
DISTRICT OF RHODE ISLAND
Electronic Filing Registration Form

Last Name: _____ First Name: _____ Middle: _____

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Check if you are admitted to the bar of the District of Rhode Island and a member in good standing or an attorney otherwise authorized to represent the United States.

Attorney Bar #: _____

Check if you are admitted Pro Hac Vice and indicate case number below. (*Pro Hac Vice admission must be granted before submitting this form.*)

Case number: _____

Check if you are counsel in a case removed from state court and indicate case number below. See: LR Gen 302(c).

Case number: _____

By submitting this electronic filing registration form, the undersigned agrees to the following:

1. I agree that the combination of the user log-in name and the password will serve as my signature for purposes of the Federal Rules of Civil and Criminal Procedure. I further agree to protect the security of my password and to immediately notify the Clerk's Office as soon as I learn that my password may have been compromised.
2. In accordance with the provisions of Fed. R. Civ. P. 5(b)(2)(D), I agree that I will accept service by electronic means.
3. I agree to waive the provisions of Fed. R. Civ. P. 77(d) and Fed. R. Crim. P. 49(c) providing for service of notice of the entry of an order or judgment by mail, and I consent that such notice may be served by electronic means.
4. I agree that all transmissions for electronic case filings of pleadings and documents to the ECF system shall be titled in accordance with the approved civil and criminal event menus of the ECF system.
5. I will file all documents in accordance with the Fed. R. Civ. P. 5.2, Fed. R. Crim. P. 49.1, and LR Gen 102.
See: <http://www.privacy.uscourts.gov>
6. I have completed the CM/ECF training in the District of Rhode Island, CM/ECF training in another U.S. District Court, and/or Computer Based Training.

Signature (Type "/s/" and your name)

Date Signed

Complete this form and click the E-Mail button to send it to the Clerk's Office via your email provider.
You can also save this form and attach it to an e-mail sent to: cmecfreg@rid.uscourts.gov.

For assistance with this form, call the ECF Help Desk at 401-752-7100.